



APPLICATION FOR LICENSURE VIA RECIPROCITY

(LAC, Title 46. LXIII. §201)

Louisiana State Board of Examiners of Psychologists

4334 S. Sherwood Forest Blvd., Suite C-150

Baton Rouge, LA 70816

225-295-8410

ATTACH
PHOTO
HERE

PART I: GENERAL INFORMATION (Please print or type)

| | | |
|---|--|--|
| <p>I am applying for licensure via (check only one): I have enclosed my application fee of \$200.</p> | | |
| <p><input type="checkbox"/> Certificate of Professional Qualifications: (It is your responsibility to contact the Association of State and Provincial Psychology Boards (ASPPB) and request that they forward, directly to this Board, certification of your CPQ.)</p> | | |
| <p><input type="checkbox"/> ABPP: (It is your responsibility to contact the American Board of Professional Psychology (ABPP) and request that they forward, directly to this Board, verification that you are a Diplomat of ABPP, in good standing.)</p> | | |
| Full Name: (Last, First, Middle, Suffix) | | Social Security Number: |
| Maiden/Alias: | Date and Place of Birth: | E-mail address: |
| Additional Languages: | Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", by what date do you expect to become a U,S, Citizen? _____) | |
| Home Phone: | Home Address: | <input type="checkbox"/> PREFERRED MAILING |
| Cell Phone: | City, State Zip | |
| Business Phone: | Business Address: | <input type="checkbox"/> PREFERRED MAILING |
| Fax Number: | City, State Zip | |

PART III: LICENSE HISTORY

Provide information on every jurisdiction where you have held a professional license. You must request a verification (on the form provided by this Board) for each jurisdiction. (Attach additional pages if needed)

| Jurisdiction | Original Issue Date | License Number | Expiration Date | Area of Practice |
|--------------|---------------------|----------------|-----------------|------------------|
| | | | | |
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PART III: EDUCATIONAL BACKGROUND

| | | |
|---|------------------------|-----------------------------------|
| Doctoral Degree: | Date Degree Conferred: | Program Title: |
| University: | | |
| Did the doctoral program above involve at least one continuous academic year of full-time residency on the campus of the institution at which your degree was granted? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Internship Agency: | | Start and End Dates: (mm/dd/yyyy) |
| Postdoctoral Supervisor: | | Start and End Dates: (mm/dd/yyyy) |

I have requested a copy of my doctoral transcripts be forwarded directly to you from the university.

PART IV: PROFESSIONAL REFERENCES *List the names, positions, and addresses of three licensed psychologists who are well acquainted with you and your work to whom professional reference forms will be sent by the Board.*

| | |
|-----------------|-----------------------|
| 1. Full Name: | |
| Position/Title: | City, State Zip Code: |
| 2. Full Name: | Street Address: |
| Position/Title: | City, State Zip Code: |
| 3. Full Name: | Street Address: |
| Position/Title: | City, State Zip Code: |

PART V: IDENTIFICATION, ATTESTATION, AND AFFIDAVIT

IDENTIFICATION:

Attach on the first page of this application, one current passport picture of yourself **AND** a copy of a valid drivers license or passport ID.

ATTESTATION:

****If you answer "Yes" to any of the following questions, attach an explanation on a separate page.***

| | |
|---|--|
| Have you ever been disciplined, sanctioned, reprimanded, or subjected to any like action by any professional organization of which you were, or are, a member?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you been arrested, charged with, pled guilty, pled nolo contendere or convicted of any crimes (including arrests, charges and convictions that have been expunged)? If "Yes", attach a detailed explanation along with documentation regarding the status of the matter. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| Are you now, or have you ever engaged in any activities that misrepresent your professional qualifications, affiliation, or purposes, or those of institutions, organizations, products and/or services with which you are associated?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been denied any license or certificate as a psychologist in any state, province, or country, or denied the right to take an examination?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been denied any license or certificate for any other profession?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has any license or certificate as a psychologist ever been restricted, suspended, or revoked?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has any license or certificate for any other profession ever been restricted, suspended, or revoked?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been found guilty of any unprofessional conduct under the Law or Rules of any jurisdiction?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been found guilty of fraud or deceit in any services rendered as any licensed professional?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever aided or abetted any person who has misrepresented themselves as a psychologist?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever voluntarily surrendered or relinquished a license to practice psychology?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever taken and passed a psychology oral examination? If yes, date _____ Location _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I understand that I may choose to apply for licensure under applicable standard board licensing procedures rather than under this agreement. My signature below indicates that I have chosen to apply for licensure and/or certification via reciprocity, and that in doing so I agree to the conditions stated. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I understand that I shall not use my status as an applicant or candidate, nor any other licensing credentials to engage in the independent practice of psychology in this state and further that all such practice is required to be conducted under supervision as stipulated in the Louisiana Administrative Code, Title 46, Part LXIII. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I understand and agree that while under supervision and if licensed by this Board, I shall comply with the ethical standards and code of conduct stipulated in the Louisiana Administrative Code, Title 46, Part LXIII. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

AFFIDAVIT

The undersigned, being duly sworn under penalty of perjury, deposes and says that the statements contained herein are true, complete, and correct to the best of his/her knowledge and belief; that he/she has not suppressed any information which might affect this application; that he/she has not omitted any information relevant to his/her current fitness to practice; that he/she is of good moral character and will conform to the ethical standards and conduct of the profession; that he/she has no complaints pending, and has had no disciplinary action against him/her in any jurisdiction; that he/she has otherwise met all statutory requirements and believes him/herself eligible for licensure via reciprocity, and that he/she has read and understood this affidavit.

Signature of Applicant

Date

STATE OF _____

PARISH OR COUNTY _____

SWORN TO BEFORE ME THIS _____ DAY OF _____ 20 _____

SIGNATURE OF NOTARY _____

NOTARY
SEAL

Return this form along with the required application fee of \$200.00 to:

*Louisiana State Board of Examiners of Psychologists
4334 S. Sherwood Forest Blvd., Suite C-150
Baton Rouge, LA 70816*